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08-07-06

PTO/SB/21 (05-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/715,725
Filing Date	November 16, 2000
First Named Inventor	LUO, YING
Group Art Unit	1642
Examiner Name	UNGAR, SUSAN NMN
Attorney Docket Number	RIGL-008CIP

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Form PTO-2038 <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Appellants' Brief (20 pgs.) 2) Exhibit A (4 pgs.) 3) Exhibit B (10 pgs.) 4) Return Postcard
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)

JAMES S. KEDDIE, PH.D., 48,920
BOZICEVIC, FIELD & FRANCIS, LLP

Signature

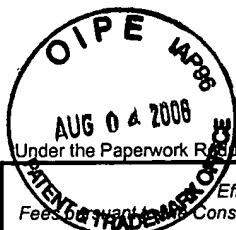
Date

August 4, 2006

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FEE TRANSMITTAL For FY 2005 <small>Effective on 12/08/2004. Fees are subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>	Complete if Known	
	Application Number	09/715,725
	Filing Date	November 16, 2000
	First Named Inventor	LUO, YING
	Examiner Name	UNGAR, SUSAN NMN
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1642
TOTAL AMOUNT OF PAYMENT	(\$) 1045.00	Attorney Docket No. RIGL-008CIP

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = x = **Fee Paid (\$)**

Extra Claims **Fee (\$)** **Fee Paid (\$)**

Indep. Claims - 3 or HP = x = **Fee Paid (\$)**

Multiple Dependent Claims **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = / 50 = (round up to a whole number) x = **Fee Paid (\$)**

4. OTHER FEE(S) **Fee Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Appeal Brief and 4-Month Extension of Time **1045.00**

SUBMITTED BY		
Signature <u>James S. Keddie</u>	Registration No. (Attorney/Agent) 48,920	Telephone (650) 327-3400
Name (Print/Type) James S. Keddie, Ph.D.	Date 08/04/2006	

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